









PROGRAM REVIEW INSTRUMENT

PART I PROGRAM ADMINISTRATION

PART II CLIENT PROGRESS

PART III FACILITY/HEALTH AND SAFETY

**NC**=No Concerns **CN**=Concerns **F**=Findings **NA**=Not Applicable

**PART I PROGRAM ADMINISTRATION**

REGULATIONS/ CONTRACT		NC/CN/F	COMMENTS
	1. Do Minutes/reports indicate the Board meets, in accordance with its by-laws, and that the Board exercises its oversight responsibilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Frequency of By-laws Date of Last two Board Meetings Board Presidents Name Board President Telephone Number (Attach a list of board members names and contact information) (Contact number other than agency number)		
Article 3.9	2. Does the agency have signed current contract agreements with partners providing additional services? (Example : case management services, counseling, assessments, legal services etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
Article III Exhibit A-3.4	3. Does the agency maintain written Personnel policies which are made available to all staff? (Attach table of contents) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
HUD ESG 24 CFR 21.200	4. Does the agency have a Drug-free work place policy which is clearly stated in their personnel policy manual? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
	5. Does the agency have written policies and procedures to identify and report child abuse and neglect? (All programs which serve women and children.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
Article 3.5 (A)	6. Does the agency adhere to Fair Housing, and Human Rights Ordinances which prohibits discrimination against the following categories? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA (Check non-adhered category)  <input type="checkbox"/> Age <input type="checkbox"/> Gender/Sex <input type="checkbox"/> Marital Status <input type="checkbox"/> Race/Color <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Parental Status <input type="checkbox"/> Ancestry <input type="checkbox"/> Religion <input type="checkbox"/> Military Discharge Status <input type="checkbox"/> National Origin <input type="checkbox"/> Disability <input type="checkbox"/> Source of Income		
Article 3.11	7. Does the agency provide services in a manner free from religious influence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
Article 3.13	8. Agency acknowledges the co-sponsorship of the City of Chicago on all promotional materials including, but not limited to brochures, flyers, written or electronic public notices etc. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
	9. Are staff hired and assigned according to the contract budget? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		

REGULATIONS/ CONTRACT		NC/CN/F	COMMENTS
	If "No", has a budget revision been submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
	Is the agency conducting a search for replacement? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
	Are all Non - DFSS budgeted personnel hired? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
<b>Article 3.3</b> <b>Article I Exhibit</b> <b>(A) 1-3</b> <b>Article A 5.4</b> <b>IDHS Homeless</b> <b>Services Program</b> <b>Manual Section 3(B)</b>	10. Does the agency maintain adequate personnel files on all DFSS budgeted staff? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA (Check missing items) <input type="checkbox"/> Employee Application <input type="checkbox"/> Background checks <input type="checkbox"/> Employee job description <input type="checkbox"/> Employee Performance Evaluation <input type="checkbox"/> INS- 9 <input type="checkbox"/> License or Certification (If applicable) <input type="checkbox"/> Resume (If applicable)		





**PART I PROGRAM ADMINISTRATION**

(Client files reviewed are based on a 20% sample of the total number of files)

X 20% =  or   
 (Total # of files) (Sample must be at least 15 files)

REGULATIONS/ CONTRACT ARTICLE	INTAKE/PROGRAM ELIGIBILITY	NC/CN/F	COMMENTS
IDHS Homeless Program Manual III B  CSBG 47 IL. Admin Code 120.120/ HUD 582.1-5  HUD ESG Desk Guide Section 4.4	11a. Does the agency maintain complete and accurate documentation which verifies following; <input type="checkbox"/> Yes <input type="checkbox"/> No (Check missing items in section a, b or c) <input type="checkbox"/> Intake /assessment  <input type="checkbox"/> Current proof of income (CSBG programs require copies of check stubs for 3 consecutive months, benefits statements or no income affidavit)  <input type="checkbox"/> Copy of photo I. D. and Social Security card (CSBG prog. No I.D. affidavit)  <input type="checkbox"/> Proof of homelessness (All HUD-ESG Programs)  <input type="checkbox"/> Disability documentation HUD 582.1-5 (SPC programs)  <input type="checkbox"/> Court referred (Safe Haven )		
	Check missing items for interim, case management, supportive services, specialized services, unaccompanied youth and domestic violence and shelter plus care/permanent housing programs. 11b. SERVICE/ACTION PLANS <input type="checkbox"/> Plans indicate date of development <input type="checkbox"/> Plans are signed and dated by the client and staff. <input type="checkbox"/> Plans indicate dates goals were achieved, and or revised.		
	11c. CASE NOTES/REFERRALS <input type="checkbox"/> Do case note entries appear to be recorded after each contact with the client <input type="checkbox"/> Are entries initialed by the case manager. (Only required if maintained manually)		

REGULATIONS/ CONTRACT ARTICLE	INTAKE/PROGRAM ELIGIBILITY	NC/CN/F	COMMENTS
<p>HUD ESG 24 CFR 576.(a)(1)</p>	<p>11c. CASE NOTES/REFERRALS (CONTINUED)</p> <p><input type="checkbox"/> Are referrals dated: referrals are made to entities that can assist clients with working towards the service plan goals or assessment</p> <p><input type="checkbox"/> Are clients referred to appropriate supportive services to gain access to mainstream resources, and other services needed to achieve independent living?</p>		



REGULATIONS/ CONTRACT		NC/CN/F	COMMENTS
Article 9.6	12. Is the program site prepared either directly or through referrals to accommodate persons with disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
	13. Are rules governing the program and participants posted in a prominent place, and a written copy provided upon entering into the program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
HUD 582.320	14. Has the agency developed client grievance procedures which are posted in a prominent location? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
HUD 582.320 (1-3) Article III Exhibit A-3.4	15. Has the agency developed and implemented termination policies and procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
HUD ESG 24 CFR 576.56(a)(3)	16. Does terminated. files indicate that the established policies were adhered to? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
Article 4.2	17. Are program files accessible and maintained for at least six years after program closeout for HIPPA compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
Article 17	18. Is the agency utilizing the Homeless Management Information System (HMIS) to facilitate the collection of information on homeless individuals and families using residential/and other homeless assistance programs? (Exclude Domestic Violence Programs and DFSS programs) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
COMPLETE THIS SECTION FOR ONLY, INTERIM, PREVENTION SERVICES, ***** PERMANENT HOUSING WITH SHORT-TERM SUPPORT, AGE APPROPRIATE STABLE HOUSING FOR ***** UNACCOMPANIED YOUTH & PERMANENT HOUSING SUPPORTIVE SERVICES			
	19. Does the agency have a system to track the duration of time clients remain in permanent housing upon program exit? If no, indicate why. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		

\*\*\*\*\* COMPLETE THIS SECTION FOR HOMELESS PREVENTION PROGRAMS \*\*\*\*\*



HUD-ESG 24CFR576.21 (a) (4)	19. Does the agency obtain evidence of an eviction, foreclosure, or utility termination notice(s) and evidence that the inability to pay was sudden, necessary to prevent homelessness, and resumption of payment is reasonably expected in the near future? <input type="checkbox"/> Yes <input type="checkbox"/> No Evidence would include, for example: -- notice of termination from the utility provider -- court documents indicating that eviction is imminent -- foreclosure documents indicating proceedings are pending -- sudden loss of income due or inability to work due to illness		
HUD-ESG 24CFR 576.56	20. Has the agency developed and implemented procedures to ensure the confidentiality of records pertaining to any individual provided family violence prevention or treatment services? <input type="checkbox"/> Yes <input type="checkbox"/> No		
***** COMPLETE THIS SECTION FOR SHELTER PLUS CARE PROGRAMS ONLY *****			
HUD 582.300 (a)	19. Is there a minimum of one homeless, or formerly homeless person participating on one of the organizations Board, or a similar policy making committee? (Exclude DFSS programs). <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
HUD 582.305 (a)	20. Does the agency conduct unit inspections annually to ensure the unit meets Housing Quality Standards? <input type="checkbox"/> Yes <input type="checkbox"/> No		
HUD 582.305 (b)	21. Does the agency determine whether the rent charged for the unit is Reasonable in relation to rents being charged for comparable units? <input type="checkbox"/> Yes <input type="checkbox"/> No		
HUD 582.310 (b)	22. Are tenant's rent calculations documented accurately? <input type="checkbox"/> Yes <input type="checkbox"/> No # of files reviewed      # of files deficient		
HUD 582.310 (2)	23. Are the tenant's rent examined initially, an at least annually thereafter, to determine the amount of rent payable? <input type="checkbox"/> Yes <input type="checkbox"/> No		
HUD 582.315 (a)	24. Does the agency maintain signed copies of lease or written agreements made between the tenant and or agency/landlord, upon expiration, except by prior notice by either party? <input type="checkbox"/> Yes <input type="checkbox"/> No		
HUD 582.310	25. Is thirty percent of the household monthly adjusted gross income or ten percent of the gross income being used to pay rent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	26. Does the agency's unit configuration match the HUD grant? <input type="checkbox"/> Yes <input type="checkbox"/> No		



SHELTER PLUS CARE  
MONITORING WORKSHEET

AGENCY/PROGRAM \_\_\_\_

DATE \_\_\_\_

PARTICIPANT \_\_\_\_

ADDRESS \_\_\_\_

APT# \_\_\_\_

HUD REQUIREMENTS	RESULTS	COMMENTS
Homeless Eligibility		
Disability Documentation		
Housing Standards		
Rent Reasonableness		
Rent Calculation		
Lease Agreement/Other		
Rental Payment		
Support Services		



**\*\*\*\*\* COMPLETE THIS SECTION FOR SAFE HAVEN (SUPERVISED VISITATION AND SAFE EXCHANGE PROGRAM ONLY) \*\*\*\*\***  
 (Program operates based on a Memorandum of Understanding with the Cook County Circuit Court, and Apna Ghar. Branch Family Institute, Mujeres Latinas en Accion and Family Rescue)

	NC/CN/F	COMMENTS
19. Do minutes/ reports demonstrate staff attend local partner and consulting committee meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of last two meetings: ____		
20. Has the agency hired a minimum of two full-time visitation staff? (Positions may not be fully funded through the DFSS budget.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
21. Does the agency maintain the following written policies? <input type="checkbox"/> Yes <input type="checkbox"/> No (Check missing items) <input type="checkbox"/> Center Operation <input type="checkbox"/> Case Selection Process <input type="checkbox"/> Supervised Visitation <input type="checkbox"/> Safe Exchange <input type="checkbox"/> Confidentiality <input type="checkbox"/> Security and Safety		
22. Do services provided through DFSS support supervised visitations and exchanges for children in foster care, kinship care, or protective custody of the courts or social service agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No		
23. Does the agency provide supervised visitation and safe exchange of children by and between custodial and non-custodial parents one of which is a resident of Chicago. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24. Are all visitation services under this contract free to Chicago residents? <input type="checkbox"/> Yes <input type="checkbox"/> No		
25. Detailed records of each supervised visit and exchange is kept in a secure locked file to ensure confidentiality of the enrolled families. <input type="checkbox"/> Yes <input type="checkbox"/> No		
26. Are separate intakes completed for the custodial and non-custodial parents? <input type="checkbox"/> Yes <input type="checkbox"/> No		
27. Staff obtain signed releases of information from the parents authorizing sharing of information regarding the supervised visitation and exchange. <input type="checkbox"/> Yes <input type="checkbox"/> No		

	<p>28. Does the agency conduct risk assessments with both custodial and non-custodial parents to determine the potential risk of abduction, abuse, or further violence?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
	<p>29. Does the agency have personnel available during the supervised visitation?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
	<p>30. Does the agency scheduled arrival and departures of custodial and non-custodial parent to avoid personal contact and lessen the potential for violence?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
	<p>31. Does the agency document incidents of security and safety problems concerning persons served by the program?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		



**PART II CLIENT PROGRESS**

\*\*\*\*\* COMPLETE " A " FOR HOMELESS AND DOMESTIC VIOLENCE NON-BED PROGRAMS \*\*\*\*\*

Attach Statistical Reports' / contract' Scope of Services/Contract's Work Program used for the review:

Period(s) being confirmed:  Jan. - Mar.  April - June  July - Sept  Oct. - Dec.

RATING SCALE: CLIENT INTAKE/MEALS  
NO CONCERNS - 90% - 100%    CONCERNS - 0% - 89%

**CLIENT INTAKE**

1. Unduplicated clients **projected**

Unduplicated clients confirmed \_\_\_\_\_ = \_\_\_\_\_%  NC  CN

2. Unduplicated clients **reported**

Unduplicated clients confirmed \_\_\_\_\_ = \_\_\_\_\_%  NC  CN

**MEALS (Randomly sample one week)**

3. Number of meals **reported**

Number of meals confirmed \_\_\_\_\_ = \_\_\_\_\_%  NC  CN  NA



**PART II CLIENT PROGRESS**  
 \*\*\*\*\* COMPLETE "B" FOR BED PROGRAMS \*\*\*\*\*

Attach Statistical Reports' / contract' Scope of Services/Contract's Work Program used for the review:

Period(s) being confirmed:     Jan. - Mar.                       April - June                       July - Sept                       Oct. - Dec.

**RATING SCALE: CLIENT INTAKE/MEALS BEDS**  
 NO CONCERNS - 90% - 100%    CONCERNS - 0% - 89%

**CLIENT INTAKE**

- |  |       |   |         |                             |   |
|--|-------|---|---------|-----------------------------|---|
| 1. Unduplicated clients <b>projected</b> | _____ |   |         |                             |   |
| 2. Unduplicated clients <b>confirmed</b> | _____ | = | _____ % | <input type="checkbox"/> NC | <input type="checkbox"/> CN                             |
| 3. Unduplicated clients <b>reported</b>  | _____ |   |         |                             |   |
| 4. Unduplicated clients <b>confirmed</b> | _____ | = | _____ % | <input type="checkbox"/> NC | <input type="checkbox"/> CN                             |
| <b>MEALS</b>                             |       |   |         |                             |   |
| 5. Unduplicated clients <b>reported</b>  | _____ |   |         |                             |   |
| 6. Unduplicated clients <b>confirmed</b> | _____ | = | _____ % | <input type="checkbox"/> NC | <input type="checkbox"/> CN <input type="checkbox"/> NA |

**BEDS/APARTMENTS/ROOMS**

- |  |       |   |         |                             |                             |
|--|-------|---|---------|-----------------------------|-----------------------------|
| 7. <input type="checkbox"/> Beds <input type="checkbox"/> Apartments <input type="checkbox"/> Rooms <b>projected</b> | _____ |   |         |                             |                             |
| 8. <input type="checkbox"/> Beds <input type="checkbox"/> Apartments <input type="checkbox"/> Rooms <b>confirmed</b> | _____ | = | _____ % | <input type="checkbox"/> NC | <input type="checkbox"/> CN |

**RATING SCALE: SHELTER NIGHTS**  
NO CONCERNS - 80% - 100%    CONCERNS - 0% - 79%

**SHELTER NIGHTS (Exclude Permanent Housing with Short-term Support & Permanent Housing Safe Haven)**

- |   |       |   |         |                             |                             |
|---|-------|---|---------|-----------------------------|-----------------------------|
| 9. Shelter nights <b>projected</b>  | _____ |   |         |                             |                             |
| 10. Shelter nights <b>confirmed</b> (Shelter Nights are determined by entry/exit dates for Interim programs). | _____ | = | _____ % | <input type="checkbox"/> NC | <input type="checkbox"/> CN |
| 11. Shelter nights <b>reported</b>  | _____ |   |         |                             |                             |
| 12. Shelter nights <b>confirmed</b>   | _____ | = | _____ % | <input type="checkbox"/> NC | <input type="checkbox"/> CN |





**PART II CLIENT PROGRESS  
SHELTER PLUS CARE**

Attach Statistical Reports'/Scope of Services/Work Program used for the review:

Period(s) being confirmed:  Jan. - Mar.                       April - June                       July - Sept                       Oct. - Dec.

**RATING SCALE:**

NO CONCERNS - 80% - 100%      CONCERNS - 0% - 79%

PROGRAM MEASURES/OUTCOMES	REPORTED	CONFIRMED	%	NC/CN
1. Residential Stability				
2. Increased Skill and Income				
3. Greater Self Determination				



**PART II CLIENT PROGRESS  
INTERIM HOUSING**

Period(s) being confirmed:     Jan. - Mar.                       April - June                       July - Sept                       Oct. - Dec.

RATING SCALE:  
NO CONCERNS - 80% - 100%    CONCERNS - 0% - 79%

PROGRAM MEASURES/OUTCOMES	REPORTED	CONFIRMED	%	NC/CN
1. Households departures placed in permanent housing				
2. Households placed in permanent housing with-in 120 days				
3. Households which remain housed for 6 months				
4. Households that exit program with documented income				
5. Households that depart interim program to another shelter facility				

NC=No Concerns    CN=Concerns    F=Findings    NA=Not Applicable



**PART II CLIENT PROGRESS**  
**AGE APPROPRIATE STABLE HOUSING FOR UNACCOMPANIED YOUTH**

Period(s) being confirmed:     Jan. - Mar.                       April - June                       July - Sept                       Oct. - Dec.

RATING SCALE:  
NO CONCERNS - 80% - 100%    CONCERNS - 0% - 79%

PROGRAM MEASURES/OUTCOMES	REPORTED	CONFIRMED	%	NC/CN
1. Households that obtained documented income				
2. Households that moved into permanent housing				
3. Households that remain housed for 6 months				
4. Households obtain employment				
5. Households which maintain employment for months				
6. Households that complete education/vocational training				

**NC**=No Concerns    **CN**=Concerns    **F**=Findings    **NA**=Not Applicable



**PART II CLIENT PROGRESS  
EMERGENCY RESPONSE SHELTER PROGRAMS**

Period(s) being confirmed:     Jan. - Mar.                       April - June                       July - Sept                       Oct. - Dec.

RATING SCALE:  
NO CONCERNS - 80% - 100%    CONCERNS - 0% - 79%

PROGRAM MEASURES/OUTCOMES	REPORTED	CONFIRMED	%	NC/CN
1. Households who attain their basic needs for shelter food and safety				
2. Households referred to Supportive Services				
3. Households referred to Interim Housing programs				
4. Households referred to Permanent Housing programs				

**NC=No Concerns   CN=Concerns   F=Findings   NA=Not Applicable**



**PART II CLIENT PROGRESS  
OVERNIGHT SHELTER PROGRAMS**

Period(s) being confirmed:     Jan. - Mar.                       April - June                       July - Sept                       Oct. - Dec.

RATING SCALE:  
NO CONCERNS - 80% - 100%    CONCERNS - 0% - 79%

PROGRAM MEASURES/OUTCOMES	REPORTED	CONFIRMED	%	NC/CN
1. Households who attain their basic needs for shelter food and safety				
2. Households referred to Supportive Services				
3. Households referred to Interim Housing programs				

**NC=No Concerns   CN=Concerns   F=Findings   NA=Not Applicable**



**PART II CLIENT PROGRESS  
SUPPORTIVE SERVICES/PREVENTION PROGRAMS**

Period(s) being confirmed:     Jan. - Mar.                       April - June                       July - Sept                       Oct. - Dec.

RATING SCALE:  
NO CONCERNS - 80% - 100%    CONCERNS - 0% - 79%

PROGRAM MEASURES/OUTCOMES	REPORTED	CONFIRMED	%	NC/CN
1. Households who receive crisis assessment				
2. Households who maintain permanent housing				
3. House holds who experience crisis and are stabilized				

**NC=No Concerns    CN=Concerns    F=Findings    NA=Not Applicable**



**PART II CLIENT PROGRESS**  
**SUPPORTIVE SERVICES/OUTREACH AND ENGAGEMENT PROGRAMS**

Period(s) being confirmed:     Jan. - Mar.                       April - June                       July - Sept                       Oct. - Dec.

RATING SCALE:  
NO CONCERNS - 80% - 100%    CONCERNS - 0% - 79%

PROGRAM MEASURES/OUTCOMES	REPORTED	CONFIRMED	%	NC/CN
1. Households receive physical, psychological, and housing needs assessments				
2. Households linked to services and community support				
3. Households referred to permanent supportive housing programs				
4. Households assessed and applied for public benefits within three months				

**NC=No Concerns    CN=Concerns    F=Findings    NA=Not Applicable**



**PART II CLIENT PROGRESS**  
**SUPPORTIVE SERVICES/COMMUNITY-BASED CASE MANAGEMENT PROGRAMS**

Period(s) being confirmed:     Jan. - Mar.                       April - June                       July - Sept                       Oct. - Dec.

RATING SCALE:  
NO CONCERNS - 80% - 100%    CONCERNS - 0% - 79%

PROGRAM MEASURES/OUTCOMES	REPORTED	CONFIRMED	%	NC/CN
1. Households who increase skills				
2. Households that exit with a documented income				
3. Households who increase their level of self-sufficiency				

**NC=No Concerns   CN=Concerns   F=Findings   NA=Not Applicable**



**PART II CLIENT PROGRESS**  
**SUPPORTIVE SERVICES PERMANENT HOUSING SUPPORT SERVICES**

Period(s) being confirmed:     Jan. - Mar.                       April - June                       July - Sept                       Oct. - Dec.

RATING SCALE:  
NO CONCERNS - 80% - 100%    CONCERNS - 0% - 79%

PROGRAM MEASURES/OUTCOMES	REPORTED	CONFIRMED	%	NC/CN
1. Households which remain housed for 6 months				
2. Households that exit with a documented income				
3. Households that increase income				

**NC=No Concerns CN=Concerns F=Findings NA=Not Applicable**



**PART II CLIENT PROGRESS**  
**PERMANENT HOUSING WITH SHORT-TERM SUPPORT**

Period(s) being confirmed:     Jan. - Mar.                       April - June                       July - Sept                       Oct. - Dec.

RATING SCALE:  
NO CONCERNS - 80% - 100%    CONCERNS - 0% - 79%

PROGRAM MEASURES/OUTCOMES	REPORTED	CONFIRMED	%	NC/CN
1. Households which remain permanently housed for 6 months				
2. Households who increase income				
3. Households that exit with a documented income				

**NC=No Concerns   CN=Concerns   F=Findings   NA=Not Applicable**



**PART II CLIENT PROGRESS  
PERMANENT HOUSING/SAFE HAVEN PROGRAMS**

Period(s) being confirmed:     Jan. - Mar.                       April - June                       July - Sept                       Oct. - Dec.

RATING SCALE:  
NO CONCERNS - 80% - 100%    CONCERNS - 0% - 79%

PROGRAM MEASURES/OUTCOMES	REPORTED	CONFIRMED	%	NC/CN
1. Households who attain their basic needs for shelter, food and safety				
2. Households referred to supportive services				
3. Households that move to other Permanent Supportive Housing at program departure				
4. Households that exit with a documented income				
5. Households that increase income				

**NC=No Concerns    CN=Concerns    F=Findings    NA=Not Applicable**



**PART II CLIENT PROGRESS**  
**DOMESTIC VIOLENCE CASE MANAGEMENT/COUNSELING/COURT ADVOCACY**

Period(s) being confirmed:     Jan. - Mar.                       April - June                       July - Sept                       Oct. - Dec.

RATING SCALE:  
NO CONCERNS - 80% - 100%    CONCERNS - 0% - 79%

PROGRAM MEASURES/OUTCOMES	REPORTED	CONFIRMED	%	NC/CN
1. Service plans developed with client and case manager				
2. Clients who accomplish their service plan (Service plans which have all goals achieved)				
3. Adults clients who complete the Evaluation of Services Survey will indicate strongly/somewhat agree with A.1 of the survey				
4. Adults clients who complete Post-test and indicate an increase in understanding the effects of domestic violence as indicated by an average increase in scores for item number 3, 6, 9 and 11.				

NC=No Concerns    CN=Concerns    F=Findings    NA=Not Applicable



**PART II CLIENT PROGRESS  
DOMESTIC VIOLENCE/LEGAL SERVICES**

Attach Statistical Reports'/Scope of Services/Work Program used for the review:

Period(s) being confirmed:     Jan. - Mar.                       April - June                       July - Sept                       Oct. - Dec.

**RATING SCALE:**

NO CONCERNS - 80% - 100%    CONCERNS - 0% - 79%

PROGRAM MEASURES/OUTCOMES	REPORTED	CONFIRMED	%	NC/CN
1. Clients who receive legal options				
2. Clients who utilize the court system				
3. Clients who complete the necessary forms and court procedures to obtain orders of protection				
4. Clients who obtain Orders of Protection				
5. Adult clients who complete the Evaluation of Services Survey				
6. Those completing the Evaluation of Services Survey indicating strongly/somewhat agree with A.1 of the survey.				
7. Adult clients who complete the Post-test indicate an increase in understanding of domestic violence as indicated by an average increase in scores for items 3,6,9,and 11.				

NC=No Concerns    CN=Concerns    F=Findings    NA=Not Applicable



**PART II CLIENT PROGRESS  
DOMESTIC VIOLENCE/CHILD VISITATION CENTERS**

Period(s) being confirmed:     Jan. - Mar.                       April - June                       July - Sept                       Oct. - Dec.

RATING SCALE:  
NO CONCERNS - 80% - 100%    CONCERNS - 0% - 79%

PROGRAM MEASURES/OUTCOMES	REPORTED	CONFIRMED	%	NC/CN
1. Enrolled custodial parents who cooperated with the visitation plan				
2. Enrolled non-custodial parents who cooperated with the visitation plan				
3. Adult clients who completed the Evaluation of Services survey				
4. Those completing the Survey indicating strongly/somewhat agree with the A.1 of the survey.				

NC=No Concerns    CN=Concerns    F=Findings    NA=Not Applicable



**PART II CLIENT PROGRESS  
SPECIALIZED SERVICES EMPLOYMENT PROGRAMS**

Period(s) being confirmed:     Jan. - Mar.                       April - June                       July - Sept                       Oct. - Dec.

RATING SCALE:  
NO CONCERNS - 80% - 100%    CONCERNS - 0% - 79%

PROGRAM MEASURES/OUTCOMES	REPORTED	CONFIRMED	%	NC/CN
1. Households complete training				
2. Households obtain employment				
3. Households that maintain employment for 6 months				
4. Households increase documented income				

**NC=No Concerns   CN=Concerns   F=Findings   NA=Not Applicable**



**PART II CLIENT PROGRESS**  
**SPECIALIZED SERVICES SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES**

Period(s) being confirmed:     Jan. - Mar.                       April - June                       July - Sept                       Oct. - Dec.

RATING SCALE:  
NO CONCERNS - 80% - 100%    CONCERNS - 0% - 79%

PROGRAM MEASURES/OUTCOMES	REPORTED	CONFIRMED	%	NC/CN
<b>Detox Program</b>				
1. Number of clients that will be stabilized according to their medical acuity				
2. Number of clients that will receive triage services				
3. Number of clients initiated into detox services				
4. Number of clients assessed for appropriateness and needs				
5. Number of clients assessed for mainstream benefits				
<b>Substance Abuse Treatment Program</b>				
1. Number of clients assessed for recover housing				
2. Number of clients assisted for appropriate recover housing (recover/halfway housing)				
3. Number of clients assisted with housing search				
4. Number of clients assessed for eligibility for mainstream benefits				
5. Number of clients that have payment contracts completed				
6. Number of clients receiving case management/needs assessment				
7. Number of clients initiating individualized service plans				
8. Number of clients participating in SA programming				
9. Number of clients that maintain their sobriety while participating in SA programming				

UMISA Program				
Number of clients assessed for recovery housing				
Number of clients assisted for appropriate recovery housing (recovery/halfway housing)				
Number of clients assisted with housing search				
Number of clients assessed for eligibility for mainstream benefits				
Number of clients that have payment contracts completed				
Number of clients receiving case management/needs assessment				
Number of clients initiating individualized service plans				
Number of clients participating in urine testing				
Number of clients that participate in at least 25 hrs/week of treatment groups/sessions				
Number of clients confirmed with diagnosis of mental illness				

**NC**=No Concerns **CN**=Concerns **F**=Findings **NA**=Not Applicable



**PART III FACILITIES/ HEALTH AND SAFETY**

**HOMELESS, DOMESTIC VIOLENCE, RENTAL HOUSING SUPPORT AND EMERGENCY FOOD PROGRAM**

**REGULATIONS; CITY OF CHICAGO MUNICIPAL CODES, AND 982.401 HUD QUALITY STANDARDS**

(A "No" answer to items marked " \* " results in a automatic Finding.)

**A. FIRE SAFETY**

**Y N NA**

- Smoke detector (s)\*
- Carbon Monoxide detector (s)\*
- (Facilities or units that rely on fossil fuel for heat)
- Fire extinguishers (current tags)
- (Multiple dwellings 3 stories or higher)
- Unblocked fire exit
- Two means of egress\*
- Posted evacuation plan & exit signs
- Fire Drills

**B. BUILDING MAINTENANCE**

- Adequately heated, lighted and ventilated
- Electrical fixtures and wiring in good condition
- Wall and ceilings surfaces are free of peeling an/loose paint and holes.
- Plumbing in good condition
- Roofing, tuck pointing and windows are in good condition, no missing panes, no leakage and have safety bars where appropriate.
- Annual elevator inspections
- Wheel chair lift inspections

**B. BUILDING MAINTENANCE**

**Y N NA**

- Stairs, railings and porches are in good condition
- Floor and stair surfaces are free from broken, chipped or missing tiles, missing boards, or uneven surfaces

**C. SANITATION**

- All cleaning materials are properly stored
- All food is properly stored
- All appliances are clean and in working order
- Kitchen sink has hot and cold running water
- Facility and /or unit is free from rats or severe infestation of mice or vermin
- Facility or unit is free from heavy accumulation of garbage and debris
- Bathrooms have operable toilets
- Bathrooms have working wash basins and showers with hot and cold running water
- Bedrooms are clean and beds/mats are in good condition



## PROGRAM REVIEW RECORDS REQUEST

Agency Name \_\_\_\_\_ Project \_\_\_\_\_ Project Address \_\_\_\_\_ Project Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Administrative Offices \_\_\_\_\_  
 Program Type \_\_\_\_\_ Fund #/Source(s) \_\_\_\_\_ Amount \_\_\_\_\_  
 PO# \_\_\_\_\_ Contract Period \_\_\_\_\_ to \_\_\_\_\_  
 Executive Director \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 Program Review is scheduled for \_\_\_\_\_ Period to be Reviewed: From \_\_\_\_\_ to \_\_\_\_\_ Auditor Name \_\_\_\_\_ Telephone \_\_\_\_\_

Please have the requested materials displayed prior to the Auditor's arrival; Please have staff available throughout the day should questions arise; Please provide suitable work space. Thank you.

<input type="checkbox"/>	<b>BOARD OF DIRECTORS</b>	<input type="checkbox"/>	<b>PROGRAM ADMINISTRATION</b>
<input type="checkbox"/>	Board By-Laws	<input type="checkbox"/>	Master client listing (Entry and Exit dates)
<input type="checkbox"/>	Board Membership Listing	<input type="checkbox"/>	Intakes for unduplicated clients reported
<input type="checkbox"/>	Copies of the last 2 Board Meeting Minutes	<input type="checkbox"/>	Proof of program Eligibility doc. ( If applicable)
<input type="checkbox"/>	Board President/Chairman's name and telephone number. (please provide telephone number other than agency's number)	<input type="checkbox"/>	Proof of income eligible doc. (CSBG funded programs)
<input type="checkbox"/>	Loan Agreements	<input type="checkbox"/>	No Income / I.D. Affidavit/Earned Income (CSBG funded programs)
<input type="checkbox"/>	Loan Approval documents	<input type="checkbox"/>	Assessments
		<input type="checkbox"/>	Service plans
	<b>PROGRAM ADMINISTRATION</b>	<input type="checkbox"/>	Case notes
<input type="checkbox"/>	Contract/Scope of Services	<input type="checkbox"/>	Referrals Forms
<input type="checkbox"/>	Approved Program Revision (If applicable)	<input type="checkbox"/>	Rental Calculations
<input type="checkbox"/>	CDHS Statistical Report/ Other (If applicable)	<input type="checkbox"/>	Lease agreements, rent receipts
<input type="checkbox"/>	Signed copies of contract agreements with partners providing additional services	<input type="checkbox"/>	Proof of one homeless person on a decision making committee
<input type="checkbox"/>	Personnel Policies (provide documentation which indicates staff member received a copy, and the table of contents.)		<b>CLIENT PROGRESS</b>
<input type="checkbox"/>	Supervised visitation policies and procedures	<input type="checkbox"/>	Documentation reflecting tracking of Shelter nights, Units of Services, Beds and Meals reported
<input type="checkbox"/>	Child Abuse and Neglect Policies and Procedures	<input type="checkbox"/>	Documentation reflecting Outcome/Performance measures reported
<input type="checkbox"/>	Drug-free work place policy		
<input type="checkbox"/>	Adherence to the Fair Housing Ordinance		<b>FACILITY/HEALTH AND SAFETY</b>
<input type="checkbox"/>	Adherence to the Human Rights Ordinance	<input type="checkbox"/>	Fire; smoke; (if applicable) carbon monoxide detectors; and fire extinguishers with current year tags
		<input type="checkbox"/>	Units' Address Listing and client unit designation
<input type="checkbox"/>	List of contract's employees and position titles	<input type="checkbox"/>	Housing Quality inspections and re- inspections
<input type="checkbox"/>	List of all Non- DFSS personnel hired	<input type="checkbox"/>	Emergency evacuation drill log for contract year
<input type="checkbox"/>	Employment Application	<input type="checkbox"/>	Appropriate exit sign(s), if electrical, in working order
<input type="checkbox"/>	Hire date & if applicable termination date	<input type="checkbox"/>	Posted Evacuation Floor Plans / escape route drawings)
<input type="checkbox"/>	Employee Job Description	<input type="checkbox"/>	Sleeping areas, food storage, cooking area, and bathroom facilities

<input type="checkbox"/>			will be inspected.
<input type="checkbox"/>	INS-9		
<input type="checkbox"/>	Employee Annual Performance Evaluation(s) If applicable, staff background check		
<input type="checkbox"/>	Credentials (If applicable)		
<input type="checkbox"/>	Publicity materials/ brochures / flyers acknowledging		
<input type="checkbox"/>	CDHS as a funding source /sponsor		
<input type="checkbox"/>	Program rules		
<input type="checkbox"/>	Handicap provisions		
<input type="checkbox"/>	Grievance procedures		
<input type="checkbox"/>	Termination procedures		